



County of San Diego

RESIDENTIAL PLAN SUBMITTAL WORKSHEET FOR FIRE VICTIMS

Each item on this worksheet is an essential part of the project design. It is the responsibility of the Designer/Applicant to complete this form properly. If the form is incomplete the plans will not be accepted.

Step 1: Customer Information, General									
Site Address:					APN (Assessor's Parcel Number):				
City			State		Zip		Thomas Brothers Coordinates:		
Owner Name:					Owner Phone No.:				
Address (if different from site):									
Contractor Name:					Lic #:		Contractor Phone No.:		
Address:					City		State		Zip
Contact Name:					Agent <input type="checkbox"/>		Owner <input type="checkbox"/>		Contractor <input type="checkbox"/>
Address:					City		State		Zip
Cell No.:			Phone No.:		Fax No.:		Email:		
Step 2: Department of Environmental Health (DEH) Review									(858) 565-5173
On Same Footprint: Yes No			Existing Legal Septic System: Yes No						
Site Inspection Req.: Yes No			Increase in # of Bedrooms: Yes No						
Water Well: Yes No			Septic Permit Required: Yes No						
Staff Initials:			Comments:						
Step 3: Department of Planning and Land Use (DPLU) Building Plan Pre-submittal Review									(858) 565-5981
Use Reg				Front:		Setbacks OK: Yes No			
Animal Reg				Interior Side:		Legal Lot Basis:			
Development Regulations	Density:				Rear:		Discretionary Permit:		
	Lot Size:				Exterior Side:		Use of Structure:		
	Bldg Type				Story / Height Req Y / N		Comments:		
	Max Flr Area				Staff Initials				
	Flr Area Ratio				Step 4: Department of Public Works (DPW) Review (858) 694-3281				
	Height								
	Lot Coverage								
	Set Back								
Open Space				Floodplain <input type="checkbox"/> Stamps <input type="checkbox"/>		Floodway: Yes No			
				Drainage District #:		Route Location <input type="checkbox"/> Stamps <input type="checkbox"/>			
				Site Grading (circle one)?		Staff Initials:			
				None <2,000CY		<5,000CY >5,000CY			
Special Area Regs				Comments:					
Step 5 – Customer Information, Building Sizes (Square Footage)									(858) 565-5920
<i>Note: Floor area must match energy calculations</i>									
New Single Family Dwelling:				Garage / Cabana:			Temporary Occupancy Permit Yes No		
SFD Addition:				Deck/Stair Cover Area:					
SFD Remodel (No addition of floor area):				Barn /Agricultural Building Area:			Temp. Const. Power: Yes No		
Basement:				Covered Porch/Patio:			Electrical Service: Amps		
Other:				Retaining Wall Area:			Fire Sprinkled: Yes No		
Other:				Basement:			Air Conditioned: Yes No		
				Other:					
Total Habitable Area:				Total Non-Habitable Area:			Total Area:		
Area of Land Disturbance:									

Tech Intake _____ Date _____ Tech Submittal Completed _____ Date _____

MINIMUM ESSENTIAL ITEMS FOR PLAN SUBMITTAL FOR FIRE VICTIMS

(see Form DPLU #658 for a detailed explanation of these requirements)

PLAN REQUIREMENTS	Item Required ¹	Check List
Permit Application	Y	<input type="checkbox"/>
Architect/Engineer Stamp	P	<input type="checkbox"/>
2 Complete Sets of Plans	Y	<input type="checkbox"/>
Assessors Set of Plans (Required at permit issuance only)	Y	<input type="checkbox"/>
ARCHITECTURAL/STRUCTURAL		
Title Sheet	Y	<input type="checkbox"/>
Plot Plan	Y	<input type="checkbox"/>
Evidence of Legal Parcel (Required at permit issuance only)	Y	<input type="checkbox"/>
Grading Plan	P	<input type="checkbox"/>
Compaction Report (3 copies)	P	<input type="checkbox"/>
Soils Report (2 copies)	P	<input type="checkbox"/>
Foundation Plan	Y	<input type="checkbox"/>
Floor Plan	Y	<input type="checkbox"/>
Schedules	P	<input type="checkbox"/>
Elevations	Y	<input type="checkbox"/>
Cross Sections	Y	<input type="checkbox"/>
Roof Plan	Y	<input type="checkbox"/>
Details	Y	<input type="checkbox"/>
Structural Plans & Details	Y	<input type="checkbox"/>
Truss Drawings (2 copies)	P	<input type="checkbox"/>
Special Inspection/Structural Observation	P	<input type="checkbox"/>
Structural Calculations (2 copies)	P	<input type="checkbox"/>
ELECTRICAL		
NOTE: Residential Services of 400 amps or less are exempt		
Electrical Plan	P	<input type="checkbox"/>
Single-line Drawing	P	<input type="checkbox"/>
Electrical Load Calculations/Panel Schedules	P	<input type="checkbox"/>
Lighting Plans	P	<input type="checkbox"/>
ENERGY		
Title 24 Energy Requirements (2 copies)	Y	<input type="checkbox"/>

¹ Y=Required; P=Possibly Required
DPLU #186 (9/04)

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Date of Application: _____ Plan File No.: _____ Application Received By: _____

This is to certify that I have been informed that it may not be possible to issue the building permit for which I have submitted an application. Upon review of the plans and permit application by the County, correction list(s) and a Condition of Approval list will be generated. I understand these Conditions of Approval and all plan check items must be resolved before the permit will be issued. I further understand that any fees paid for plan review are not refundable. Acceptance of plans for review is no assurance that a permit will be issued. Upon payment of plan review fees, the plan check will be valid for one calendar year.

Signature

Date